

2008 Farm Vendor Application Bloomington Community Farmers' Market

Please fill out both sides completely. Additional pages may be included if necessary.

Print or type all information clearly and return **with application fee of \$20**
(the application fee does not apply if all vendors on the contract are 16 years of age or younger) to:

Bradley Drake, Market Master
City of Bloomington Parks and Recreation Department
P.O. Box 848 Bloomington, IN 47402

Vendor Information

Name of primary vendor _____

Name(s) of additional vendors _____

Name of farm or business (if different from above) _____

Mailing address _____

City _____ Zip _____ County _____

Primary phone () _____ Secondary phone () _____

Email _____ Website _____

Vendors' ages: _____ _____ _____
 age 0-16 age 17-59 age 60+

Stand Assistant

(Stand assistant is a person who is not a qualified Market vendor and is unable to earn points, but is allowed to assist vendor at Market.)

Print full name of Stand Assistant

Phone Number

Production and Product Information

Location of land or production facility. If Vendor utilizes additional locations during the Market season, Vendor must notify Market staff prior to cultivating or using land or facilities. Attach detailed list of additional growing areas.

Township _____ Town of _____ County _____

AND Address _____

Owner of land or production facility

If owner is not primary vendor, list complete name, phone number and address of landowner.

Name _____ Phone Number _____

Mailing Address _____

Size of growing area: _____ Acres

Location, size and number of greenhouses:_____

Number and type of animals you keep currently for Market purposes (For Meat, Dairy, Egg and Pet Food Vendors):_____

Name of processor and location of plant:_____

List primary products you expect to sell at the Market in 2008: 1) _____,

2) _____, 3) _____, 4) _____,

5) _____, 6) _____, 7) _____,

8) _____, 9) _____, 10) _____.

License, Permit and Permission Information

List expiration date AND provide copies of licenses and permits issued by regulatory agencies, as required.

Value Added Food Addendum _____

Egg Vendor License _____

Pet Food Addendum _____

Temporary Food Vendor Permit and/or Mobile Food Vending Permit from the Monroe County Health Department _____

Manufactured Grade Milk /Milk Processors Permit _____

Indiana Commercial Feed License from the State Chemist _____

Identify the location(s), if applicable, where items are gathered and attach permission of property owner where gathered. _____

Would you give the City permission to release your name, address, phone number, e-mail and website to customers interested in contacting you for information and/or special orders?

Yes _____ No _____

This Agreement is effective upon approval of Market staff. Notification of approval to sell will be issued to new vendors and declined applicants only.

Primary Vendor's Signature

Date

For Office Purposes Only Received _____ Approved _____ Denied _____ Notification _____